PRINTED: 08/03/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING ... 445506 08/02/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARIYAN WAY GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE CROSSVILLE, TN 38558 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (%) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION] DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 371 483.60(i)(1)-(3) FOOD PROCURE, F 371 F 371 FOOD PROCURE. STORE/PREPARE/SERVE - SANITARY \$\$=F STOR/PREPARE/SERVE-SANITARY Immediate corrective actions were taken (i)(1) - Procure food from sources approved or on 7/31/17 to reeducate staff regarding considered satisfactory by federal, state or local proper hair net and facial net use. authorities. thermometers were replaced to all coolers and freezers, all opened refrigerated and (i) This may include food items obtained directly frozen food items were audited and closed from local producers, subject to applicable State securely in containers or zip lock bags. and local laws or regulations. All dishware was immediately stored in an (ii) This provision does not prohibit or prevent inverted manner meeting sanitary facilities from using produce grown in facility requirements. Staff member's food was gardens, subject to compliance with applicable removed from resident food refrigerator immediately. Stand up mixer was sanitized safe growing and food-handling practices. immediately to meet sanitary (iii) This provision does not preclude residents requirements. Two cooling fans were from consuming foods not procured by the facility. immediately cleaned per EVS. (i)(2) - Store, prepare, distribute and serve food in All 28 skilled residents had the potential to accordance with professional standards for food be affected by deficient practice. Staff service safety. education and scheduled audits will be performed by Dietary manager or (i)(3) Have a policy regarding use and storage of designee.

(i)(3) Have a policy regarding use and storage or foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

This REQUIREMENT is not met as evidenced by:

Based on review of facility policy, observation, and interview, the facility failed to maintain a sanitary kitchen by failure to ensure covered head and facial hair in the food preparation area, provide thermometers in 1 of 2 freezers and 1 of 5 refrigerator/coolers, secure opened refrigerated and frozen food, properly store resident dining plates, separate staff and resident food items, maintain clean kitchen equipment, and clean cooling fans for 1 of 2 walk-in refrigerator/freezers for 2 of 3 kitchens affecting 28 of 28 residents.

B. Dietary Manager educated Dining staff on the following topics: Appropriate hair net and beard guard use in the Dining Department, proper sanitation of equipment and placement for employee's personal food items. Education regarding storage of clean dishes, food storage and

covering of food. Storage of chemicals and cleaning equipment. Education conducted on 8/4/17.

8/4/17

PRATOEX DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Administrater

8/23/1-

ENERGE SECTION SECTION SECTIONS

teficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

CMS-2567(02-99) Previous Versions Obsolete

Event ID: LN6E11

Fadility ID: TN7106

if continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A BUILDING			COMPLETED		
		445506	B. WING	3		0:	8/02/2017
	PROVIDER OR SUPPLIER	- FAIRFIELD GLADE		1	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558	<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) 4 Corrective actions will be monitored	BE RIATE	(X5) COMPLETION DATE
Can can can the can th	2/2016, revealed " restraints) will be in preparation or food so covered completely. Review of the facility revised 2/2016, reveof all refrigerators and ailystaff member in the kitchen cooler. Observation with Cooler in the main kitchen, no hair in the kitchen with Cool in the ice cream freez evealed no thermome observation with Cooler evealed no thermome observation with Cooler evealed no thermome observation with Cook in the steam table of the steam table of the steam table of the cooler events in table of the steam table of the steam table of the cooler events in table of the steam table of the steam table of the cooler events in table of the steam table of the cooler events in table of the steam table of the cooler events in table of the steam table of the cooler events in table of the steam table of the cooler events in table of the steam table of the cooler events in table of the c	policy Dress Gode, revised Haimets (or hair and beard place while in the food storage areahair to be "" policy Food Transport aled "internal temperatures d freezersrecorded twice food/fluids will not be stored freezer" pk #1 on 7/31/17 at 8:40 AM, evealed upon entrance to ets were available for use. evealed a maintenance the stove with no hair or the beard. k #1 on 7/31/17 at 8:45 AM, er of the main kitchen, eter. Further review gallon ice cream containers ed.	F	371	Dietary Manager or designee by	udits id t	8/18/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

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		(X1) PROVIDER/SUPPLIER/GUA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
445506		B. WING_	8. WING			
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FAIRFIELD GLADE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558	08/02/2017	
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F 37	Continued From page	ge 2	F 371			
	of the storage cooler container labeled "m Continued observation	ook #1 on 7/31/17 at 9:05 AM, r in the main kitchen, a lunch ler" with a smiley face emoji. on revealed an unsecured, dic container filled with sliced				
	of the walk in freezer revealed the following	g items open to air and latties, 15 chicken patties,				
	of the prep table, of the	ok #1 on 7/31/17 at 9:15 AM, he main kitchen, revealed a er with dried food debris on he mbxer.				
	of the walk in cooler, o	k#1 on 7/31/17 at 9:20 AM, of the main kitchen, ing fan covered with dust				
	7/31/17 at 12:00 PM, in Server #1 walked throus covering on the head. I revealed the case door opened, the lid off of the chocolate ice cream, as	to the ice cream freezer te 3 gallon container of nd no staff present. realed 2 bags of candy (1				
i v	n the Tulip kitchen reve vith uncovered plates s	M on 7/31/17 at 12:30 PM, saled a duel plate warmer tacked upright. Continued eproximately 2 feet away broom, 1 dust pan, 1				

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	"broke glass". Interview with the Difference Room to ensure head and for kitchen preparation a present in all coolers refrigerated and frozensident dining plates manner, maintain ser food items, maintain	overed large bucket labeled If on 7/31/17 at 3:45 PM, in m confirmed the facility failed acial hair was covered in the trea, thermometers were and freezers, opened on foods closed securely.	F 371			